

**Virginia Department of Social Services
Institutional Review Board**

State Use Only

ID Number:

REQUEST FOR REVIEW AND CLEARANCE OF HUMAN SUBJECTS RESEARCH

Date Received:

Project Title

Name and Title of Principal Investigator

Telephone Number

Name of Institution/Agency

Address

Name and Title of Local Department of Social Services Collaborator or Contact (if included in study and different from Principal Investigator)

Address

Telephone Number

Proposed Dates for Project

Begin Date: _____ (dd/mm/yyyy)

End Date: _____ (dd/mm/yyyy)

Assurance of Confidentiality

The undersigned hereby agrees to the following terms and conditions related to a request for approval for research:

1. No data will be published or released in any form if a particular individual supplying the information or described in it is identifiable, without the written permission of the subject(s) involved.
2. The identifying information will be used only for statistical purposes in human services and social science research.
3. The identifying information will not be used as a basis for legal, administrative, or other actions which may directly affect those particular individuals as a result of their specific identification in this project.
4. The identifying information will be used only for the study or project proposed and the purposes described in the attached document. Use of the information for a research project other than the one described will not be undertaken until a separate request is made to, and approved by, the Virginia Department of Social Services.
5. While identifiers still appear, access to paper, hardware, and software will be secured. Paper records will be kept in locked cabinets, and computers will be kept locked or have password protection.
6. All statements made to the Virginia Department of Social Services are correct.

Signature of Principal Investigator

Date

Name of Requester (if different from Investigator) (*Print*)

Title

Signature of Requestor

REQUEST FOR REVIEW AND CLEARANCE OF A PROJECT INVOLVING HUMAN SUBJECTS

STATE USE ONLY

ID #:

1. Has this project been reviewed by any other IRB? If so, please list the institution's name and the date of review. (Please attach a copy of that IRB approval if requesting an expedited review of this project.)

2. Summarize the study protocol or project activities, and attach a copy of the full protocol to this request, for reference. Indicate specifically the way data will be collected and used.

3. List the potential risks to study participants.

4. List any potential benefits to study participants and/or to society.

5. Do your subjects include any of the following:

a. Pregnant women or children (i.e., persons who have not attained the legal age for consent to treatments or procedures involved in the research)?

☐ Yes ☐ No

b. Institutionalized, mentally infirm people?

☐ Yes ☐ No

c. Inmates/Prisoners?

☐ Yes ☐ No

Since these subjects and others like them who are either not competent or not free to give their own consent are particularly vulnerable to coercion and undue influence, investigators must incorporate safeguards in the research plan, and be certain to document fully their informed consent, or the informed consent of their legal representatives.

**REQUEST FOR REVIEW AND CLEARANCE OF A PROJECT
INVOLVING HUMAN SUBJECTS**
(Continued)

STATE USE ONLY

ID #:

6. Informed consent must be obtained from the subjects or, in the case of children, the parent or legal guardian. Do you intend to use an informed consent form?

☐ Yes

☐ No

If yes, please enclose a copy of the proposed consent form. ALL SUBJECTS MUST BE TOLD AND UNDERSTAND THAT THEY CAN DECLINE PARTICIPATION IN THE RESEARCH.

If you DO NOT intend to use a consent form, please explain your reasons here:

7. In what form and to whom will the results of your study or activities be released?

8. Describe how your organization will store and maintain the confidentiality of the identifying information.

9. Describe the disposition of identifying information (i.e., the method and intended time frame).

10. Please provide any other information that would be helpful to the decision-making of the IRB panel members.

If you are submitting electronic copies of this form, copies of the project protocol, and other supporting documents, please e-mail to: irb@dss.virginia.gov. If you are submitting paper copies of this form and other supporting documents by mail, please send to:

**IRB Coordinator
Institutional Review Board / Office of Research
Virginia Department of Social Services
7 North Eighth Street, 5th Floor
Richmond, VA 23219-3301.**

